11: 15: 06 a.m. 07-23-2020 4 8038882736	
STATE OF SOUTH CAROLINA )	, , , , , , , , , , , , , , , , , , ,
)	BEFORE THE PUBLIC SERVICE COMMISSION
(Caption of Case)	
Example: Application for a Class C Charter Certificate from  John Doe dba Doe's Limo  )	OF SOUTH CAROLINA
)	TRANSPORTATION COVER SHEET
ý	TRANSPORTATION COVER SHEET  DOCKET
, )	DOCKET
)	NUMBER:
)	If this is your first time filing an application with the PSC, you will no
,	have a Docket Number. The Commission will assign one to you. If you
, )	have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print)	04-0
Submitted by: Morris Graham	Telephone: 803.840-6219
Address: 2609 Hilldale Dr	Telephone: 863-840-6219  Fax: 863-888-2734  Other:
Sumter sc 29154	Other:
	Email: Morrisgrahamol@gmail.com
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service ( be filled out completely.	
NATURE OF ACTION	(Cheek all that apply)
NATURE OF ACTION	
Application - Class A/A Restricted	Request for Name Change on Certificate  Request to Amend Scope of Authority
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request    Exhibit   CRITICAL   C
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter LEAX'S CSC
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

### APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR **OPERATION OF MOTOR VEHICLE CARRIER**

:15:06 a.m. 07-23-2020 6	8038882736			ACC
	PUBLIC SERVICE COM	BAICCIONI OE COLI	TH CADOLINA	ACCEPTED
		e Center Drive, Suite		
		South Carolina 2921		
	Phone: (803) 896-	5100 Fax: (803)	8065100	ž
	Pnone: (803) 890	100 rax. (603)	670-3177	ž
APPLICATIO	ON FOR CERTIFICATE OF PU OPERATION OF MO			R R
	**			- N
CLASS C - NON-E	MERGENCY	Date:	07.17.2620	- 2020 July 24
				uly
				24
Application is hereby	made for a Certificate of Public	Convenience and Ne	cessity, in accordance with the	provision
	58-23-10, et seq. (1976), and am			AM
<del>,</del> ,	140	1 1 = 0 = . 1		Š
1. F10 c	HOE Trans Pobusiness is to be conducted (corporate	rtation, LL	a proprietorship with or without	trade name ?
				V.
2609	Hilldale Dr Su Street A	mter sc	29154	). 20
	Street A	ddress of Applicant		2020+169-
	Mailing Address of Appl	icant (if different from	otreet address)	<u> </u>
007-8	HA-6219	Non mon mon man	88-2734	Page
802.9	40-6219 Phone 5grahamol@gmail.		Fax	
MAXX	soveland DIA granil	C1000		9
רעוץוט	granum or a grant	Email Address		
Secretary of State a	an LLC or a corporation, a copy of and the Articles of Incorporation m of State "Foreign Corporation" C	ust be attached. (If in	xistence from the South Caroli corporated outside of SC, atta	ina ch South
3. Select Entity Typ	e: (Check one)			
_	wner/Sole Proprietorship	>		
	- List names and address of all pe		est in the business.	
☐ Corporation	- List names and addresses of two	principal officers.		
-				
		II .		

11:15:06 a.m. 07-23-2020

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

ACCEPTED FOR PR

### **Financial Statement**

Applicant's assets and liabilities are as follows:

Assets:		<u>Liabilities</u>	<u>3:</u>	00
Value of Real Estate	Ø	Mortgage/Loan on Real Estate	B	\$8 
Value of Motor Vehicles	Ø	Loans Owed on Motor Vehicles	<u>À</u>	
Cash on Hand	B	Business/Other Loans Owed		202
Cash in Bank	Ø	Other Liabilities or Debts	L Ø	<del>July</del>
Value of Other Assets and Equipment	Ø	Total Liabilities	Ø	,24,9:30 AM
<b>Total Assets</b>	Ø			AM -
INSTRUCTIONS:	ž.			SCPS

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.

  2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.

  3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.

  4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.

- form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: 1.45 - 1.75

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

### **DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

<u>Maximum Number of Passengers Vehicle is Equipped to Carry:</u> (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

1-7 Passengers, including driver

8-15 Passengers, including driver

WHEEL-

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	LIFT
		Þ		LIFT
Chrysler	2006	2A4GP54L36R858681		
	1			
#1 21				

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Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-ofcredit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

FLO + MOE TVans fortestm

Name

1. Is there currently any outstanding judgments against the Applicant?

O Yes

No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motoriacarrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

Yes

No

1. Is there currently any outstanding judgments against the Applicant?

O Yes

No

SOPPICOR

AM - SOPP

## **Exhibit on Driver Qualifications**

1.		ivalent, and records th	at least a current American Red Cross Standard First Aid and at verify/record such training must be kept on file at the South Carolina.
	Yes	O No	
2.	Applicant understands that	at drivers must be in co	ompliance with all OSHA regulations.
	Yes	O No	
3.			ed in the use of all vehicle installed safety equipment such as and other equipment as outlined in PSC Regulations.
	<b>●</b> Yes	O No	
4.	Applicant understands that with disabilities, including		to physically perform actions necessary to assist persons
	Yes	O No	
5.	Applicant understands the easily identifies the driver		professional uniform and photo identification badge that whom the driver works.
	Yes	O No	
6.		t verify/record such tra	te twelve (12) hours of in-service training annually in the area ining must be kept on file at the company's primary place of
	Yes	O No	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREE's to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant outhorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.

The Applicant of the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

\*\*Machine Proceedings\*\*

Applicant's Signature

\*\*Applicant's Signature\*\*

\*\*Applicant's Signature\*\*

\*\*Title of Applicant (c.g. President, Owner, etc.)\*\*

\*\*Title of Applicant (

tle of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

ORN TO BEFORE ME

### South Carolina Secretary of State

# **Business Entities Online**

File, Search, and Retrieve Documents Electronically

# Flo & Moe Transportation, LLC

### **Corporate Information**

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

**Incorporated** South Carolina

State:

### Expiration N/A

Date:

**Important Dates** 

Effective Date 07/23/2020

Term End N/A
Date:

Dissolved N/A
Date:

### **Registered Agent**

Agent: Morris Graham

Address: 2609 Hilldale Dr

Sumter, South Carolina 29155

### Official Documents On File

Filing Type	Filing Date
Articles of Organization	07/23/2020

# Upchurch & Jowers Insurance Agency

2004 West DeKalb Street Post Office Box 893 Camden, SC 29021-0893 www.upjowers.com Camden - 803-432-8433 Columbia - 803-256-2676 Statewide - 800-922-2449 Fax - 803-432-5469

June 11, 2020

Mr. Morris Graham Flo & Moe, LLC 2609 Hilldale Drive Sumter, SC 29154-7009

Dear M. Graham:

Thank you for giving us the opportunity to quote on your Business Insurance. On the following pages, you will find our proposal based on the information you gave us. The coverages quoted should meet the requirements set forth by Logisticare Solutions, LLC.

Please review the proposal and let me know if you have any questions or if any changes need to be made.

In addition to a very competitive quote, we offer a staff of trained insurance professionals to handle all your insurance needs. We want your business, and if you have any questions, please call me.

Sincerely,

Andrew D. Deese

ADD/las

**Enclosure** 



# **INSURANCE PROPOSAL**

# Flo & Moe, LLC 2609 Hilldale Drive Sumter, SC 29154-7009

## PRESENTED BY

Andrew D. Deese

### **Service**

Amy Watkins AWatkins.upchu01@insuremail.net

Daley Branham
DBranham.upchu01@insuremail.net



Independent Insurance Agent

Upchurch & Jowers Insurance Agency, Inc. 2004 West DeKalb Street • Post Office Box 893 Camden, SC 29020

Camden 803-432-8433 Columbia 803-256-2676

Statewide 1-800-922-2449 Web: www.upjowers.com

# **INSURANCE PROPOSAL**

## **FOR**

# Flo & Moe, LLC

# **COMMERCIAL PACKAGE**

### A. General Liability

General Aggregate Limit	\$ 2,000,000
<b>Products Aggregate Limit</b>	\$ Included
Personal Injury & Advertising	
Injury Limit	\$ 1,000,000
<b>Each Occurrence Limit</b>	\$ 1,000,000
Fire Damage Limit	\$ 50,000
Medical Expense Limit	\$ 5,000
Property Damage Deductible	\$ 2,500

## B. Professional Liability

Per Claim Limit	\$ 1,000,000
Aggregate Limit	\$ 2,000,000
Deductible	\$ 2,500

## C. Sexual Abuse and Molestation Liability

Per Claim Limit	\$ 1,000,000
Aggregate Limit	\$ 1,000,000
Deductible	\$ 2,500

# **BUSINESS VEHICLES**

		1			
ш	Vacu	Dogintion	XZINI	Comp Deduct	Coll
#	Year	Description	VIN	Deduct	Deduct
01	2006	Chrysler Town & Country	8681	N/A	N/A

## Coverage

Liability \$ 1,000,000 Uninsured Motorist \$ 100,000 Underinsured Motorist \$ 100,000

Approved Driver: Morris Graham

# PREMIUM QUOTATION

Package Liability Premium		\$ 3,392.00
Commercial Auto Premium		\$ 10,692.00
Total Account Premium	(2)	\$ 14.084.00

## PAYMENT PLAN

### PREMIUM FINANCE

Down Payment	\$ 3,096.80
10 Monthly Payments	\$ 1,160.57

Includes Taxes, Fees and Finance Charges

This proposal is not a contract of insurance but is intended to provide a general outline of coverages. Refer to the actual policy for coverages and provisions.

## **RECOMMENDATIONS:**

 Physical Damage for the 2006 Chrysler Town & Country can be added for an additional annual premium of \$1,202 using Stated Value of \$4,500 and \$500 Deductible for Comprehensive and Collision. Thu Jul 23rd, 2020 12:04 PM

FAX

One Carolina Transit, LLC Mr. Corey Sweetenburg Phone: 803-549-4946 Fax: 803-888-2736

Email:

carolinatransit03@gmail.com

TO:

Name: PSC/ORS

Fax Number: Multiple Recipients # of Pages:

(including cover sheet)

FROM:

Name: Corey Sweetenburg

Fax Number: (803) 888-2736

Subject: Flo & Moe Transportation, LLC

### Message:

The actual certificate will be faxed as soon as we receive them, thank you